

<b>Mail Stop Amendment TRANSMITTAL FORM</b> <i>(To be used for all correspondence after initial filing)</i>		Application Number	10/796,585
		Filing Date	March 9, 2004
		Confirmation Number	1115
		Inventor(s)	O'DEA
		Group Art Unit	3761
Express Mail Label No.: EV 196264675 US	Examiner	Erezo, D.	
Total Number of Pages in This Submission:	13	Attorney Docket No.	98-58 C1

<b>ENCLOSURES (check all that apply)</b>			
<input checked="" type="checkbox"/> Fee Transmittal Form <small>(submit in duplicate)</small>		<input type="checkbox"/> Assignment Papers	
<input type="checkbox"/> Fee Attached      \$ <input type="text"/>		<input type="checkbox"/> Cover Sheet	
Check No.: <input type="text"/>		<input type="checkbox"/> Drawing Change Authorization Request and Amended Figure(s)	
<input checked="" type="checkbox"/> Amendment / Response		<input type="checkbox"/> Request for Return of PTO-1449 Forms	
<input type="checkbox"/> After Final		<input type="checkbox"/> Petition to the Commissioner	
<input type="checkbox"/> Affidavits / Declaration(s)		<input type="checkbox"/> To Convert a Provisional Application	
<input type="checkbox"/> Extension of Time Request		<input type="checkbox"/> Power of Attorney, Revocation Change of Address	
<input type="checkbox"/> Information Disclosure Statement		<input checked="" type="checkbox"/> Terminal Disclaimer(s)	
<input type="checkbox"/> Form PTO-1449		<input type="checkbox"/> Certified Copy of Priority Document(s)	
<input type="checkbox"/> Cited References		<input type="checkbox"/> Certificate of Mailing by Express Mail	
<input type="checkbox"/> Search report		<input checked="" type="checkbox"/> Issue fee Transmittal Form PTOL-85(b) + (c) and Cover Sheet	
<input type="checkbox"/> Drawing(s): Number of Pages _____ Number of Figs. _____ and cover sheet <input type="checkbox"/> Formal <input type="checkbox"/> Informal		<input type="checkbox"/> After Allowance Communication to Group	
		<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences	
		<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)	
		<input type="checkbox"/> Request for Continued Examination (RCE)	
		<input type="checkbox"/> Status Request Letter	
		<input type="checkbox"/> Small Entity Statement	
		<input type="checkbox"/> Request for Refund	
		<input type="checkbox"/> Response to Missing Parts / Incomplete Application	
		<input checked="" type="checkbox"/> Return Receipt Postcard	
		<input type="checkbox"/> Other Enclosure(s): _____	

**Current Due Date:** January 16, 2007

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

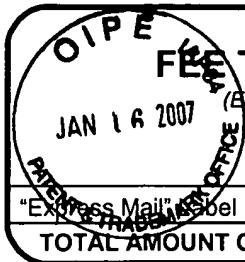
Individual and Company	Michael W. Haas, Reg. No. 35,174 RESPIRONICS, Inc., 1010 Murry Ridge Lane, Murrysville PA, 15668
Signature	
Date	January 16, 2007

**CERTIFICATE OF MAILING**

I hereby certify that this correspondence and all enclosures are being deposited with the United States Postal Service with sufficient postage as "Express Mail Post Office to Addressee" in an envelope addressed to:

Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date: January 16, 2007,  
 Express Mail Label No. EV 196264675 US.

Typed Name	Michael W. Haas, Reg. No. 35,174		
Signature		Date	January 16, 2007

 <b>FEE TRANSMITTAL</b> <small>(Effective 12/08/2004)</small>		Application Number	10/796,585
		Filing Date	March 9, 2004
		First Named Inventor	O'DEA
		Confirmation Number	1115
		Group Art Unit	3761
<small>"Express Mail" Label No. EV 196264675 US</small> <b>TOTAL AMOUNT OF PAYMENT</b>		Examiner's Name	Erezo, D.
		Attorney Docket No.	98-58 C1

METHOD OF PAYMENT		FEE CALCULATION (continued)																																																																																																																																																																																																																																							
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to: Deposit Account Number <b>50-0558</b> Deposit Account Name <b>Respironics, Inc.</b>		<b>3. APPLICATION SIZE FEE</b> If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 for each additional 50 sheets or fraction thereof. See 35 U.S.C. § 41(a)(1)(G) and 37 C.F.R. § 1.16(s). Total Sheets      Extra Sheets      Number of each additional 50 fraction thereof      Fee(\$)      Fee Paid(\$) -100 = _____ /50 = _____ (round up to a whole number) X <b>250</b> = <b>0.00</b>																																																																																																																																																																																																																																							
2. <input type="checkbox"/> Payment Enclosed: Check (Check No. _____)		<b>4. ADDITIONAL FEES</b> <table border="1"> <thead> <tr> <th>Large Fee Code</th> <th>Entity Fee (\$)</th> <th>Small Fee Code</th> <th>Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>1051</td><td>130</td><td>2051</td><td>65</td><td>Surcharge - late filing fee or declaration</td><td></td></tr> <tr><td>1811</td><td>100</td><td>1811</td><td>100</td><td>Certificate of Correction</td><td></td></tr> <tr><td>1812</td><td>2,520</td><td>1812</td><td>2,520</td><td>For filing a request for reexamination</td><td></td></tr> <tr><td>576</td><td>25</td><td>576</td><td>25</td><td>Additional filing receipt, duplicate or corrected due to applicant error</td><td></td></tr> <tr><td>1251</td><td>120</td><td>2251</td><td>60</td><td>Extension for response within first month</td><td></td></tr> <tr><td>1252</td><td>450</td><td>2252</td><td>225</td><td>Extension for response within second month</td><td></td></tr> <tr><td>1253</td><td>1,020</td><td>2253</td><td>510</td><td>Extension for response within third month</td><td></td></tr> <tr><td>1254</td><td>1,590</td><td>2254</td><td>795</td><td>Extension for response within fourth month</td><td></td></tr> <tr><td>1255</td><td>2,160</td><td>2255</td><td>1,080</td><td>Extension for response within fifth month</td><td></td></tr> <tr><td>1401</td><td>500</td><td>2401</td><td>250</td><td>Notice of Appeal</td><td></td></tr> <tr><td>1402</td><td>500</td><td>2402</td><td>250</td><td>Filing a brief in support of an appeal</td><td></td></tr> <tr><td>1403</td><td>1,000</td><td>2403</td><td>500</td><td>Request for oral hearing</td><td></td></tr> <tr><td>1452</td><td>500</td><td>2452</td><td>250</td><td>Petition to revive unavoidably abandoned application</td><td></td></tr> <tr><td>1453</td><td>1,500</td><td>2453</td><td>750</td><td>Petition to revive unintentionally abandoned application</td><td></td></tr> <tr><td>1501</td><td>1,400</td><td>2501</td><td>700</td><td>Utility issue fee (or reissue)</td><td></td></tr> <tr><td>1502</td><td>800</td><td>2502</td><td>400</td><td>Design issue fee</td><td></td></tr> <tr><td>1814</td><td>130</td><td>2814</td><td>65</td><td>Statutory Disclaimer</td><td><b>130.00</b></td></tr> <tr><td>1460</td><td>130</td><td>1460</td><td>130</td><td>Petitions to the Director</td><td></td></tr> <tr><td>1807</td><td>50</td><td>1807</td><td>50</td><td>Petitions related to provisional applications</td><td></td></tr> <tr><td>1806</td><td>180</td><td>1806</td><td>180</td><td>Submission of Information Disclosure Stmt</td><td></td></tr> <tr><td>8021</td><td>40</td><td>8021</td><td>40</td><td>Recording each patent assignment per property (times number of property)</td><td></td></tr> <tr><td>1801</td><td>790</td><td>2801</td><td>395</td><td>Request for Continued Examination</td><td></td></tr> <tr><td>1504</td><td>300</td><td>1504</td><td>300</td><td>Publication Fee</td><td></td></tr> <tr><td colspan="5">Other Fee (specify) _____</td><td></td></tr> <tr> <td colspan="2">         3. <input checked="" type="checkbox"/> Charge any additional fee required under 37 C.F.R. §§ 1.16, 1.17 1.19 and 1.20      <input type="checkbox"/> Charge the Issue Fee set forth in 37 C.F.R. § 1.18       </td> <td colspan="5"> <b>SUBTOTAL (1)</b> <b>\$ 0.00</b> </td> </tr> <tr> <td colspan="2"> <b>2. CLAIMS</b>          Extra Fee from Claims Below      Fee Paid       </td> <td colspan="5"> <b>SUBTOTAL (3)</b> <b>\$ 130.00</b> </td> </tr> <tr> <td colspan="2">         Total Claims _____ * _____ x 50 = _____          Ind. 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SUBMITTED BY					
Typed or Printed Name	Michael W. Haas			Reg. Number	35,174
Signature	<i>Michael W. Haas</i>	Date	January 16, 2007	Deposit Account Number	50-0558